

**Goal**

Improve the mental health of all Kentuckians by ensuring appropriate, high-quality services informed by scientific research to those with mental health needs.

**Overview**

Mental illness is a term used for a group of disorders causing severe disturbances in thinking, feeling, and relating. Untreated, these disorders result in a substantially diminished capacity for coping with ordinary demands of everyday life. Mental illness can affect persons of all ages and can occur in any family.

To assure that persons most in need of mental health care have access to services, the Department for Mental Health and Mental Retardation Services (DMHMRS) has identified specific groups of people, who, because of type or degree of disability, concomitant functional level, and financial need, are considered the most vulnerable and most in need of services. These people are also the most unlikely to be served by the private sector. The DMHMRS has committed financial and staff resources in order to assure priority program and fiscal responsiveness of the service system for adults with severe mental illness and children and youth with severe emotional problems.

**Summary of Progress**

The Kentucky General Assembly has passed important legislation in the past few years that has profoundly affected mental health, mental retardation, and substance abuse services. The Commission created by the legislation (HB 843) convened regular meetings throughout the Commonwealth since state fiscal year (SFY) 2001 and continued bringing together key stakeholders to monitor and upgrade plans for addressing service needs across the state.

House Bill 843 created the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis. This legislation also created fourteen regional councils organized by Regional MHMR Boards. Members include representatives of major state agencies (e.g. justice, social services) as well as consumers and other stakeholders. A planning process that began at the regional level, and was carried out during SFY 2001, culminated with a plan submitted to the Governor and the General Assembly on June 21, 2001. This plan (and annual updates) laid the groundwork for a budget request submitted for the SFY 2005 and 2006 biennium. The Commission charged eleven separate workgroups to provide in-depth study on various issues. Annual progress reports are submitted to the Governor on October 1 of each year.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Mental Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
23.1. Increase the number of children with severe emotional disabilities (SED) who receive mental health services or coordinated interagency services from Regional MH/MR Boards or their subcontractors to 30 percent.	22% (1999)	≥30%	39%* (2004)	Target Achieved	DMHMRS Client Data Set
23.2. Increase the number of adults with severe mental illness (SMI) who receive mental health services from Regional MH/MR Boards or their subcontractors to 30 percent.	28% (1999)	≥30%	37%* (2004)	Target Achieved	DMHMRS Client Data Set
23.3. Increase by 5 percent the number of adults with severe mental illness (SMI) served by Regional MH/MR Boards (or their subcontractors) who are employed.	10% (1999)	≥15%	14%* (2004)	Yes	DMHMRS Client Data Set
23.4. Increase the number of referrals of adults with severe mental illness (SMI) from the justice system to Regional MH/MR Boards or their subcontractors to 12 percent.	4% (1999)	≥12%	6%* (2004)	Yes	DMHMRS Client Data Set
23.5. (Developmental) Increase the number of referrals of children with SED from the justice system to Regional MH/MR Boards or their subcontractors to 12 percent.	5% (1999)	≥12%	4%* (2004)	No	DMHMRS Client Data Set
23.6. (Developmental) Develop and implement a plan to improve the cultural competence of personnel within Kentucky's mental health delivery system. Increase to 90 percent the number of facility and DMHMRS central office staff and to 75 percent the number of regional MH/MR Board staff, who have received cultural competency training.	Facility: 60% (1999)	≥90%	75% (2004)	Yes	Training Logs
	Central Off: 50%	≥90%	90%	Target Achieved	
	Boards: Not Available	≥75%	Not Available	TBD	
23.7. By 2010, of families who have incomes less than 200 percent of the Federal Poverty Level (FPL), increase to 90 percent the number of children who are covered by mental health insurance.	77% (1999)	≥90%	89% (2003)	Yes	Dept. of Insurance
23.8. (Developmental) Form a consumer consortium of state consumer organizations for mutually beneficial activities.	No consortium (1999)	Create a consortium	No consortium (2005)	No	DMHMRS Recovery Services

\*NOTE: Percentages for all fiscal years changed due to the use of the 2000 US Census.  
R = Revised objective, TBD = To be determined. No reliable data currently exist.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Mental Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
23.9. (Developmental) Develop a statewide consumer 5-year plan.	No 5-year plan (1999)	5-year plan	No 5-year plan (2005)	No	DMHMRS Recovery Services
23.10. Establish 13 regional consumer advocacy programs based on the prototype in Bowling Green, Kentucky.	1	14	0	No	DMHMRS Recovery Services
23.11. Increase the number of consumer and family self-help groups to 200 groups.	25 (1999)	≥200	158 (2005)	Yes	DMHMRS Recovery Services
23.12. Increase by 50 percent the number of regional parent coordinators.	20 (1999)	≥30	53 (2005)	Target Achieved	Office of Family Leadership
23.13R. Increase by 10 percent the provision of annual services to victims of rape/sexual assault in order to promote an effective recovery and alleviate the emotional trauma associated with rape and sexual abuse.	4,973 (2003)	≥5,470	4,635 (2004)	No	Div. of Child Abuse/ Domestic Violence Services
23.14R. Increase by 10 percent the provision of services to family members and friends of victims of rape and sexual abuse.	1,856 (2003)	≥2,042	1,826 (2004)	No	Div. of Child Abuse/ Domestic Violence Services
23.15R. Increase the number of persons educated within the Commonwealth regarding the incidence and dynamics of sexual assault in order to increase their understanding of this social problem and to prevent its occurrence.	153,034 (1999)	≥217,962	193,472 (2004)	Yes	Div. of Child Abuse/ Domestic Violence Services
23.16R. Provide a 50 percent increase in comprehensive and coordinated mental health services for victims of child sexual abuse and their families.	3,581 (1999)	5,372	5,203 (2004)	Yes	DMHMRS Client Data Set
23.17R. Provide a 75 percent increase in comprehensive and coordinated mental health services for victims of domestic violence and their children.	12,405 (1999)	21,709	21,146 (2004)	Yes	DMHMRS Client Data Set

R = Revised objective